



**CONSENT TO RELEASE CRIMINAL HISTORY INFORMATION FOR  
SUBSTITUTE CARE HOMES**

State Form 49996 (R3 / 6-06) / CW 0040

I hereby consent to a release of information from law enforcement agencies, the criminal justice system and child protection service to the \_\_\_\_\_ local Department of Child Services office regarding any prior criminal history check, arrest record, or child protection service history. I understand that this is necessary to ensure the safety of children placed in my home. This authorization is valid from \_\_\_\_\_ to \_\_\_\_\_.

Signature

Printed or typed name

Date signed (*month, day, year*)

Date of birth (*month, day, year*)

Social Security number \*

\* The request for your Social Security number is **MANDATORY** according to IC 4-1-8-1, and this record cannot be processed without it.

Signature

Printed or typed name

Date signed (*month, day, year*)

Date of birth (*month, day, year*)

Social Security number \*

\* The request for your Social Security number is **MANDATORY** according to IC 4-1-8-1, and this record cannot be processed without it.